								Application or Docket Number					
	PATENT			E DETERMINATION RECORD ctober 1, 2003 ED - PART I shumn 1) (Column 2) RATE FEE BASIC FEE 385.00 OR SMALL ENTITY OTHER THAN SMALL ENTITY OR RATE FEE BASIC FEE 385.00 OR AND TOTAL TOTAL OTHER THAN SMALL ENTITY OR RATE FEE BASIC FEE 770.00 SMALL ENTITY OR SMA									
Effective October 1, 2003								STX-101-B					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	ENTITY	OR			
TOTAL CLAIMS			22				ŀſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER	FILED .	NUME	BER EXTRA		BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			33 - minus 20= *)			?		X\$ 9=	1/2	OR	X\$18=		
INDEPENDENT CLAIMS			2 - minus 3 = 0					X43=	1////		4		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OB	+290=		
• If	the difference	e in column 1 is	less than z	ero, enter	"0" in c	column 2	L	TOTAL	50216		TOTAL		
	С				-	OTHER	THAN						
		(Column 1)											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER DUSLY			RATE	TIONAL		RATE	TIONAL	
	Total	.37	Minus	**	5 7	=	1 [X\$ 9=		OR	X\$18=		
	Independent	1/2	Minus	***	3	= 9]	X43=	9000	OB	X86=		
	FIRST PRESE	NTATION OF ME	JLTIPLE DE	PENDENT	CLAIM		J þ		100	Un			
							L		,				
							A		900	OR.			
	`	(Column 1)		(Colur	nn 2)	(Column 3)	_		7 .				
ENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	BER DUSLY			RATE	TIONAL		RATE	TIONAL	
AMENDMENT B	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		<u>i</u>	1.	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		┚┞	+145=			+290=		
							L			I			
						(0 -1 : 21		ODIT. FEÉ		J. 1	ADDIT. FEE		
		(Column 1)	<u> </u>	(Colun		(Column 3)	1 -					455	
ENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY			RATE	TIONAL		RATE	TIONAL	
AMENDMENT C	Total	•	Minus	**	,	= .	\prod	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!			UH			
• ;	f the entry in colu	mn 1 is less than th	e entor in coh	mn 2 write	"O" in coi	i . umn 3.	L			OR			
** 1	f the "Highest Nu	mber Previously Pa	ld For IN THI	S SPACE &	less that	n 20, enter "20.	. AC	TOTAL DIT. FEE	لــــــا	OR	TOTAL ADDIT. FEE		
		mber Previously Pe iber Previously Pai					er fours	d in the ap	propriate box	in col	umn 1.		